

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	02-FEB-05 11:15

# Crosswalk Report

Status : FN                      Substance Abuse and Mental Health Services Administration  
Media ID : DACODS1093                      Office of Applied Studie  
Start Date : 01-OCT-93  
End Date :  
Follow-up :

Colorado's Treatment Episode Data Set  
Version : 1

K = Key Field		System		<u>Colorado</u>
Item		Item		
No.	Treatment Episode Data Set		Value	State System Data
1	System Transaction Type	-	System Transaction Type Added to Each Record	
K 2	State Code	CO	FIPS Code Added to Each Record	
3	Reporting Date	-	Month and Year of Submission Added to Each Record	

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Colorado's Treatment Episode Data Set  
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Minimum

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
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<b>K 1</b>	<b>Provider Identifier</b>	<b>04</b>	<b>Clinic ID</b>
No longer effective as of: 05-16-2002			

<b>K 1</b>	<b>Provider Identifier</b>	<b>4</b>	<b>Clinic/Provider Lincense Number</b>
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<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>05</b>	<b>Client ID</b>
No longer effective as of: 05-16-2002			

<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>5</b>	<b>Provider Client Number</b>
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<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>03</b>	<b>Collateral</b>
1	Yes	1	Yes
2	No	2	No

<b>K 4</b>	<b>Client Transaction Type</b>	<b>09</b>	<b>Admission Type</b>
A	Initial Admission	1	First Admission
A	Initial Admission	2	Readmission
T	Transfer/Change in Service	3	Transfer First Admission (no break in treatment)
T	Transfer/Change in Service	4	Transfer Readmission (no break in treatment)

<b>K 5</b>	<b>Date of Admission</b>	<b>23</b>	<b>Admission Date</b>
No longer effective as of: 05-16-2002			

<b>K 5</b>	<b>Date of Admission</b>	<b>2</b>	<b>Admission Date.</b>
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Version : 1

K = Key Field			Minimum		<u>Colorado</u>	
Item			Item			
No.	Treatment Episode Data Set			Value	State System Data	
<hr/>						
6	Number of Prior Treatment Episodes		12,13	Prior Treatment, Detox Episodes (Lifetime)		
	0	0		00	00	
	1	1		01	01	
	2	2		02	02	
	3	3		03	03	
	4	4		04	04	
	5	Or More		05	05 or more	

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7	Principal Source of Referral	22	Transfer/Referral Source
01	Individual (includes self-referral))	01	Self
01	Individual (includes self-referral))	02	Family
01	Individual (includes self-referral))	03	Friend
04	School (Educational)	10	School/Educational/Agency/Training Program
03	Other Health Care Provider	16	Outpatient Mental Health
03	Other Health Care Provider	17	Inpatient Mental Health
03	Other Health Care Provider	18	Outpatient Medical
03	Other Health Care Provider	19	Inpatient Medical
06	Other Community Referral	25	Social Services
05	Employer/EAP	26	EAP/Employer
06	Other Community Referral	27	Other Community Agency
06	Other Community Referral	28	Clergy
06	Other Community Referral	29	Vocational Rehabilitation
06	Other Community Referral	30	AA/NN/Other Self-Help Groups
02	Alcohol/Drug Abuse Provider	35	Screening/Evaluation
02	Alcohol/Drug Abuse Provider	36	Emergency Service Patrol
02	Alcohol/Drug Abuse Provider	37	Shelter
02	Alcohol/Drug Abuse Provider	38	Detox
02	Alcohol/Drug Abuse Provider	39	Psychiatric Residential
02	Alcohol/Drug Abuse Provider	40	Intensive Residential
02	Alcohol/Drug Abuse Provider	41	Therapeutic Community
02	Alcohol/Drug Abuse Provider	42	Transitional Residential Treatment
02	Alcohol/Drug Abuse Provider	43	Domiciliary Care
02	Alcohol/Drug Abuse Provider	44	Outpatient Treatment
02	Alcohol/Drug Abuse Provider	45	DUI Education/Treatment
02	Alcohol/Drug Abuse Provider	46	Prevention Intervention Programs
07	Court/Criminal Justice/DUI/DWI	53	State/County/City Law Enforcement
07	Court/Criminal Justice/DUI/DWI	54	Federal Probation
07	Court/Criminal Justice/DUI/DWI	55	Federal Parole
07	Court/Criminal Justice/DUI/DWI	56	State/Local Probation
07	Court/Criminal Justice/DUI/DWI	58	Federal/State/Local Correctional Facility

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No.	Treatment Episode Data Set	Item	Value	State System Data
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<b>7</b>	<b>Principal Source of Referral</b>	<b>22</b>	<b>Transfer/Referral Source</b>
07	Court/Criminal Justice/DUI/DWI	59	Community Corrections
07	Court/Criminal Justice/DUI/DWI	60	Courts (Includes Alcohol Evaluators)
07	Court/Criminal Justice/DUI/DWI	61	Adult/Juvenile Diversion Program
07	Court/Criminal Justice/DUI/DWI	62	TASC
02	Alcohol/Drug Abuse Provider	67	Family 2000 (Treatment Provider)
02	Alcohol/Drug Abuse Provider	68	Project Access Eastside
02	Alcohol/Drug Abuse Provider	69	Project Access Westside
06	Other Community Referral	70	Project Safe
97	Unknown	86	Other/Transfer Referral

No longer effective as of: 09-30-1993

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7	Principal Source of Referral	22	Transfer/Referral Source
01	Individual (includes self-referral))	01	Self
01	Individual (includes self-referral))	02	Family
01	Individual (includes self-referral))	03	Friend
04	School (Educational)	10	School/Educational/Agency/Training Program
03	Other Health Care Provider	16	Outpatient Mental Health
03	Other Health Care Provider	17	Inpatient Mental Health
03	Other Health Care Provider	18	Outpatient Medical
03	Other Health Care Provider	19	Inpatient Medical
06	Other Community Referral	25	Social Services
05	Employer/EAP	26	EAP/Employer
06	Other Community Referral	27	Other Community Agency
06	Other Community Referral	28	Clergy
06	Other Community Referral	29	Vocational Rehabilitation
06	Other Community Referral	30	AA/NN/Other Self-Help Groups
02	Alcohol/Drug Abuse Provider	35	Screening/Evaluation
02	Alcohol/Drug Abuse Provider	36	Emergency Service Patrol
02	Alcohol/Drug Abuse Provider	37	Shelter
02	Alcohol/Drug Abuse Provider	38	Detox
02	Alcohol/Drug Abuse Provider	39	Psychiatric Residential
02	Alcohol/Drug Abuse Provider	40	Intensive Residential
02	Alcohol/Drug Abuse Provider	41	Therapeutic Community
02	Alcohol/Drug Abuse Provider	42	Transitional Residential Treatment
02	Alcohol/Drug Abuse Provider	43	Domiciliary Care
02	Alcohol/Drug Abuse Provider	44	Outpatient Treatment
02	Alcohol/Drug Abuse Provider	45	DUI Education/Treatment
02	Alcohol/Drug Abuse Provider	46	Prevention Intervention Programs
07	Court/Criminal Justice/DUI/DWI	53	State/County/City Law Enforcement
07	Court/Criminal Justice/DUI/DWI	54	Federal Probation
07	Court/Criminal Justice/DUI/DWI	55	Federal Parole
07	Court/Criminal Justice/DUI/DWI	56	State/Local Probation
07	Court/Criminal Justice/DUI/DWI	57	State Parole
07	Court/Criminal Justice/DUI/DWI	58	Federal/State/Local Correctional

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No.	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	<b>22</b>	<b>Transfer/Referral Source</b>	
07	Court/Criminal Justice/DUI/DWI	59	Community Corrections	
07	Court/Criminal Justice/DUI/DWI	60	Courts (Includes Alcohol Evaluators)	
07	Court/Criminal Justice/DUI/DWI	61	Adult/Juvenile Diversion Program	
07	Court/Criminal Justice/DUI/DWI	62	TASC	
07	Court/Criminal Justice/DUI/DWI	63	HB 1173, Misdemeanor, Petty Offender	
07	Court/Criminal Justice/DUI/DWI	64	HB 1173, Felony Offender	
02	Alcohol/Drug Abuse Provider	67	Family 2000 (Treatment Provider)	
02	Alcohol/Drug Abuse Provider	68	Project Access Eastside	
02	Alcohol/Drug Abuse Provider	69	Project Access Westside	
06	Other Community Referral	70	Project Safe	
97	Unknown	86	Other/Transfer Referral	

<b>8</b>	<b>Date of Birth</b>	<b>05</b>	<b>Client ID</b>	
<b>9</b>	<b>Sex</b>	<b>16</b>	<b>Gender</b>	
1	Male	1	Male	
2	Female	2	Female	



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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>10</b>	<b>Race</b>	<b>15</b>	<b>Race/Ethnicity</b>	
20	Other	06	Hispanic/Mexican	
20	Other	07	Hispanic/Puerto Rican	
20	Other	08	Hispanic/Cuban	
20	Other	09	Other Hispanic	
05	White	1	White (Not of Hispanic Origin)	
20	Other	10	Other Non-Hispanic	
04	Black or African American	2	Black (Not of Hispanic Origin)	
02	American Indian ( Other than Alaskan Native)	3	American Indian	
01	Alaska Native (Aleut, Eskimo, Indian)	4	Alaskan Native	
03	Asian or Pacific Islander	5	Asian/Pacific Islander	
13	Asian			
23	Native Hawaiians or Other Pacific Islanders			
<b>11</b>	<b>Ethnicity</b>	<b>15</b>	<b>Race/Ethnicity</b>	
05	Not of Hispanic Origin	01	White	
05	Not of Hispanic Origin	02	Black	
02	Mexican	06	Hispanic/Mexican	
01	Puerto Rican	07	Hispanic/Puerto Rican	
03	Cuban	08	Hispanic/Cuban	
04	Other Specific Hispanic	09	Other Hispanic	
05	Not of Hispanic Origin	10	Other Non-Hispanic	
05	Not of Hispanic Origin	3	American Indian	
05	Not of Hispanic Origin	4	Alaskan Native	
05	Not of Hispanic Origin	5	Asian/Pacific Islander	
<b>12</b>	<b>Education</b>	<b>28</b>	<b>Highest Grade Completed</b>	
01- 25	Years of School(Highest Grade) ( General Equivalency Degree, use 12)	00-25	00-25	
00	Less Than One Grade Completed	00-25	00-25	

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No.	Treatment Episode Data Set	Item	Value	State System Data
<b>13</b>	<b>Employment Status</b>	<b>29</b>	<b>Current Employment Status</b>	
01	Full Time	1	Full Time (35+ Hours/Week)	
02	Part Time	2	Part Time (Less than 35 Hours/Week)	
03	Unemployed	3	Unemployed, Looking for Work Past 30 Days, Laid Off	
04	Not in Labor Force	4	Unemployed, Not Looking for Work Past 30 Days/Laid Off	
04	Not in Labor Force	5	Not in Labor Force (Homemaker, Student, Disabled, Retired)	

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14	Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)	38-40A	Drug Type
01	None	00	None
05	Heroin	01	Heroin
06	Non-Prescription Methadone	02	Non RX Methadone
07	Other Opiates and Synthetics	03	Other Opiate/Synthetic Opiate
02	Alcohol	04	Alcohol
10	Methamphetamine	05	Methamphetamine (Crank, Crystal, Methedrine, etc)
11	Other Amphetamines	06	Other Amphetamine (Benzedrine, Dexedrine, Desoxyn, etc.)
12	Other Stimulants	07	Other Stimulant (Ritalin, etc)
03	Cocaine, Crack	08	Cocaine Hydrochloride/Crack
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	09	Marijuana, Hashish
09	Other Hallucinogens	10	LSD
08	PCP	11	PCP
09	Other Hallucinogens	12	Other Hallucinogens
15	Barbiturates	13	Barbiturate
16	Other Sedatives or Hypnotics	14	Other Sedative/Hypnotic
13	Benzodiazepine	15	Benzodiazepine Tranquilizer (Valium, Librium, Xanax, etc.)
14	Other Tranquilizers	16	Other Tranquilizers
17	Inhalants	17	Inhalant
18	Over-the-Counter	18	Over The Counter Drugs
20	Other	19	Anabolic Steroid
20	Other	86	Other

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Value

State System Data

<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)</b>	<b>38-40D</b>	<b>Usual Route of Adm During Most Recent Abuse Period</b>
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20	Other	0	None (Discharge Only)
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection
20	Other	5	Other

<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	<b>38-40B</b>	<b>Frequency of Use Last 30 Days</b>
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01	No past month use	0	None
02	1-3 times in past month	1	1-3 Times Past Month
03	1-2 times per week	2	1-2 Times Per Week
04	3-6 times per week	3	3-6 Times Per Week
05	Daily	4	Daily

<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	<b>38-40E</b>	<b>Age First Used; If Alcohol, Age First Intoxicated</b>
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00-95	Indicates The Age at First Use	00-96	00-96
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State System Data

<b>K 18</b>	<b>Type of Services</b>	<b>08</b>	<b>Setting</b>
01	Hospital Inpatient ( Detox, 24 hour Service)	1	Hospital Inpatient Detox
02	Free-standing Residential ( Detox, 24 hour Service)	2	Free-Standing Residential Detox
03	Hospital (other than detox)	3	Short-Term Hospital Inpatient Rehabilitation
03	Hospital (other than detox)	4	Long-term Hospital Inpatient Rehabilitation
04	Short-term, ( 30 days or fewer)	5	Short-Term Free Standing Residential Rehabilitation
05	Long-term, ( more than 30 days)	6	Long-Term Free Standing Residential Rehabilitation
06	Intensive Outpatient	7	Intensive Outpatient
07	Non-Intensive Outpatient	8	Traditional Outpatient
08	Ambulatory Detoxification	9	Outpatient Detox

<b>19</b>	<b>Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual</b>	<b>04</b>	<b>Methadone as Part of Planned Treatment</b>
2	No	-	All Other Responses
1	Yes	8	Methadone Outpatient

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>Detail Drug Code, Primary</b>	-	<b>Not Collected</b>	
<b>2</b>	<b>Detail Drug Code, Secondary</b>	-	<b>Not Collected</b>	
<b>3</b>	<b>Detail Drug Code, Tertiary</b>	-	<b>Not Collected</b>	
<b>4</b>	<b>DSM Diagnosis</b>	-	<b>Not Collected</b>	
<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	<b>37</b>	<b>Current Psychiatric Problem in Addition to Substance Abuse</b>	
1	Yes		1	Yes
2	No		2	No
<b>6</b>	<b>Pregnant at Time of Admission</b>	<b>26</b>	<b>Pregnancy Status</b>	
2	No		0	Not Pregnant/Not Applicable
1	Yes		1	Pregnant 1st Trimester
1	Yes		2	Pregnant 2nd Trimester
1	Yes		3	Pregnant 3rd Trimester
<b>7</b>	<b>Veteran Status</b>	<b>21</b>	<b>Military Service Veteran</b>	
1	Yes		1	Yes
2	No		2	No

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K = Key Field

Optional

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State System Data

<b>8</b>	<b>Living Arrangements</b>	<b>24</b>	<b>Current Living Situation</b>
03	Independent Living	(24)1	Living Alone
02	Dependent Living	(24)2	Group Living
03	Independent Living	(24)3	Living With Friend(s)
03	Independent Living	(24)4	Living With Spouse
03	Independent Living	(24)5	Single Parent Living With Dependent Children
03	Independent Living	(24)6	Living With Parents
03	Independent Living	(24)7	Living With Other Relatives
02	Dependent Living	(24)8	Incarcerated (All Jail Including Home Arrest)
01	Homeless	(25)1	Situationally Homeless; In Shelter
01	Homeless	(25)2	Chronically Homeless; In Shelter
01	Homeless	(25)3	Situationally Homeless; Not In Shelter
01	Homeless	(25)4	Chronically Homeless; Not In Shelter

<b>9</b>	<b>Source of Income/Support</b>	<b>-</b>	<b>Not Collected</b>
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<b>10</b>	<b>Health Insurance</b>	<b>31</b>	<b>Health Insurance</b>
21	None	0	None
06	Health Maintenance Organization (HMO)	1	Health Maintenance Organization/Managed Care
02	Blue Cross/Blue Shield	2	Blue Cross/Blue Shield
01	Private Insurance (other than BCBS or HMO)	3	Other Private Health Insurance
03	Medicare	4	Medicare
04	Medicaid	5	Medicaid
20	Other (e.g. TriCare, Champus)	6	CHAMPUS
20	Other (e.g. TriCare, Champus)	7	Other

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No.	Treatment Episode Data Set	Item	Value	State System Data
<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	<b>30</b>	<b>Primary Source of Payment For This Treatment Episode</b>	
09	Other	00	No Payment	
07	Other Health Insurance Companies	01	HMO/Managed Care	
02	Blue Cross/Blue Shield	02	Blue Cross/Blue Shield	
07	Other Health Insurance Companies	03	Other Private Health Insurance	
03	Medicare	04	Medicare	
04	Medicaid	05	Medicaid	
05	Other Government Payments	06	CHAMPUS	
05	Other Government Payments	07	Other Government Payments	
06	Worker's Compensation	08	Workman's Compensation	
01	Self-Pay	09	Self Pay	
08	No Charge ( Free, Charity, Special Research or Teaching)	10	No Charge (Free, Charity, Special Research, Teaching, etc.)	
09	Other	11	Other	
<b>12</b>	<b>Detailed Not in Labor Force</b>	<b>-</b>	<b>Not Collected</b>	



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**13 Detailed Criminal Justice Referral Categories**

**22 Transfer/Referral Source**

04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board	53	State/County/City Law Enforcement
03	Probation/Parole	54	Federal Probation
03	Probation/Parole	55	Federal Parole
03	Probation/Parole	56	State/Local Probation
03	Probation/Parole	57	State Parole
06	Prison	58	Federal/State/Local Correctional Facility
06	Prison	59	Community Corrections
01	State/Federal Court	60	Courts (Includes Alcohol Evaluators)
05	Diversionary Program (E.G. TASC)	61	Adult/Juvenile Diversion
05	Diversionary Program (E.G. TASC)	62	TASC

**14 Marital Status**

**17 Marital Status**

01	Never Married	1	Never Married
02	Now Married or Cohabiting	2	Married
05	Widowed	3	Widowed
03	Separated (legally or otherwise absent)	4	Seperated
04	Divorced	5	Divorced

**15 Days Waiting to Enter Treatment**

**10 Number of Days Waited To Enter Treatment At This Facility**

Crosswalk Report

Colorado's Treatment Episode Data Set  
Version : 1

K = Key Field		Discharge		<u>Colorado</u>
Item		Item		
No.	Treatment Episode Data Set		Value	State System Data
104	Provider ID (At Discharge)	57	Clinic/Provider Lincense Number.	
105	Client Identifier - (At Discharge)	58	Provider Client Number.	

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report